

# Brunswick House Medical Group

## Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Brunswick House Medical Group on 12 November 2015. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- The practice had made improvements to make it easier for patients to make an appointment with a named GP and provide continuity of care. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- Change consultation rooms curtains at intervals in line with good practice guidelines.
- Review and seek to improve their performance across a number of indicators relating to mental health within the Quality and Outcomes Framework (QOF).

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

Good



The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Good medicines management systems and processes were in place.
- The premises were clean and hygienic and there were good infection control processes in place. However, we found curtains in consultation rooms were changed less frequently than recommended in guidance produced by the National Patient Safety Agency.
- There were appropriate arrangements for recruiting and vetting staff.

### Are services effective?

Good



The practice is rated as good for providing effective services.

- Data showed most patient outcomes were at or above average for the locality. There were some areas where the practice was performing lower than comparators. They had plans in place as to how they would address areas of lower performance.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for some staff. Where staff had not received an appraisal within the last year; these were planned to take place shortly.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- Data showed patients rated the practice lower than others for some aspects of care.
- Patient said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw staff treated patients with kindness and respect, and maintained confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- They reviewed the needs of their local population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment, with urgent appointments available the same day. The practice had implemented improvements within the last year to help support good continuity of care and to address problems with access to the practice by phone. The practice was evaluating these changes to make sure they had realised the necessary improvements.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

The practice is rated as good for being well-led.

- They had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



# Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which they acted on.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The practice is rated as good for the care of older people.

Good



- Staff provided proactive, personalised care which met the needs of older patients. Patients aged 75 and over had been allocated a named GP to help ensure their needs were met.
- Good arrangements had been made to meet the needs of 'end of life' patients. Staff held regular palliative care meetings with other healthcare professionals to review the needs of these patients and ensure they were met.
- The practice offered home visits and longer appointment times where these were needed by older patients.
- Nationally reported data showed the practice had performed well in providing recommended care and treatment for the clinical conditions commonly associated with this population group.
- 78.2% of patients aged 65 years or over received a seasonal influenza vaccination which was better than the national average (of 73.2%).

### People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Effective systems were in place which helped ensure patients with long-term conditions received an appropriate service which met their needs. These patients all had a named GP and received an annual review to check that their needs were being met. For those people with the most complex needs, the named GP worked with other relevant health and care professionals to deliver a multidisciplinary package of care.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data showed the practice had performed well in providing recommended care and treatment for the clinical conditions commonly associated with this population group. For example, 90.1% of patients on the diabetes register had a recording of an albumin : creatinine ratio test in the preceding 12 months, which was higher than the national

# Summary of findings

average of 85.9%. The percentage of patients on the diabetes register, whose last measured total cholesterol (measured within the preceding 12 months) was 5mmol/l or less was 84.4%. This was higher than the England average of 81.6%.

- Longer appointments and home visits were available when needed.
- Patients at risk of hospital admission were identified as a priority, and steps were taken to manage their needs.
- Staff had completed the training they needed to provide patients with safe care.

## Families, children and young people

The practice is rated as good for the care of families, children and young people.

- Regular antenatal clinics and weekly baby clinics were held by midwives attached to the practice. The GP partners provided support to the baby clinics. We saw good examples of joint working with midwives, health visitors and school nurses.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 82.6% to 96.8% and five year olds from 59.3% to 96.1%. This compared to the CCG average of between 83.3% and 96.0% for vaccinations given to under two year olds and 72.5% and 97.9% for those given to five year olds.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice held a nurse practitioner led paediatric clinic each day.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Younger patients were able to access contraceptive and sexual health services, and appointments were available outside of school hours.
- Nationally reported data showed the practice had performed well in providing recommended care and treatment for this group of patients.

Good



## Working age people (including those recently retired and students)

Good



# Summary of findings

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The practice had assessed the needs of this group of patients and developed their services to help ensure they received a service which was accessible, flexible and provided continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Nationally reported data showed the practice had performed well in providing recommended care and treatment for this group of patients. For example, the QOF data for 2014/15 showed the practice had obtained 100% of the overall points available to them for providing services for patients with hypertension. This was above the CCG average of 98.9% and the national average of 97.8%.

## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including patients with learning disabilities.
- Staff carried out annual health checks for patients who had a learning disability and offered longer appointments.
- Nationally reported data showed the practice had performed well in providing recommended care and treatment for this group of patients. For example, t
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Staff provided vulnerable patients with information about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff understood their responsibilities regarding information sharing, the documentation of safeguarding concerns and contacting relevant agencies.

Good



## People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- Nationally reported data showed the practice had performed lower than comparators in providing recommended care and treatment to patients with mental health needs. For example,

Good





# Summary of findings

- 73.1% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months (compared to a national average of 83.8%). The practice was looking at how they could improve their performance in this area.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- They had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the majority of patients were satisfied with their overall experience of the GP surgery (84.9%). This was lower than the local clinical commissioning group (CCG) average (88%) and similar to the England average (84.8%). There were 311 survey forms distributed for Brunswick House Medical Group and 110 forms were returned. This was a response rate of 35.4% and equated to 0.7% of the patient list. The practice results on the GP survey were variable, with some areas where the practice performed lower than local and national averages.

- 66% found it easy to get through to this surgery by phone (CCG average 80% and national average 73%).
- 85% found the receptionists at this surgery helpful (CCG average 89.9% and national average 86.8%).
- 85.4% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87.8% and national average 85.2%).

- 91.3% said the last appointment they got was convenient (CCG average 94.1% and national average 91.8%).
- 76.1% described their experience of making an appointment as good (CCG average 78.5% and national average 73.3%).
- 75.4% usually waited 15 minutes or less after their appointment time to be seen (CCG average 64.6% and national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received one comment card which was positive about the standard of care received. A staff member told us they had completed this card on behalf of a patient.

We spoke with four patients during the inspection. All four patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Change consultation rooms curtains at intervals in line with good practice guidelines.
- Improve their performance across a number of indicators relating to mental health within the Quality and Outcomes Framework (QOF).

# Brunswick House Medical Group

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist advisor, a practice manager specialist advisor and a second CQC inspector.

## Background to Brunswick House Medical Group

Brunswick House Medical Group is registered with the Care Quality Commission to provide primary care services. The practice provides services to approximately 14,700 patients from two locations:

- Main Surgery: Brunswick House Medical Group, 1 Brunswick Street, Carlisle, Cumbria, CA1 1ED
- Branch: 1 Eastern Way, Carlisle, Cumbria, CA1 3QZ

We visited both locations as a part of this inspection.

Brunswick House Medical Group is a large practice providing care and treatment to patients of all ages, based on a General Medical Services (GMS) contract. The practice is situated in the centre of Carlisle and is part of the NHS Cumbria clinical commissioning group (CCG).

Information taken from Public Health England placed the area in which the practice was located in the fourth most deprived decile. In general, people living in more deprived areas tend to have greater need for health services. There was a slightly higher proportion of people in the area in paid work or full time employment at 67.77% (compared to an England average of 60.2%). The unemployment rate in

the area is lower than the national average at 2.6% compared to the national average at 6.2%). There were a higher proportion of disability allowance claimants (at 66.9 per 1000 population, compared to an England average of 50.3 per 1000 population).

The age distribution in the practice areas reflected the national average. The average male life expectancy is 79 years, which is the same as the England average. The average female life expectancy is 82 years, which is slightly lower than the England average of 83 years.

The percentage of patients reporting with a long-standing health condition is slightly lower than the national average (practice population is 51.1% compared to a national average of 54.0%). The percentage of patients with health-related problems in daily life is slightly higher than the national average (52.2% compared to 48.8% nationally). There are a lower percentage of patients with caring responsibilities at 16.6% compared to 18.2% nationally.

The practice has nine GP partners, of which six are male and three are female. There is also a female salaried GP and two GP registrars. There are also two nurse practitioners and six practice nurses, four healthcare assistants and a team of administrative support staff.

The opening times for the practice are as follows:

Brunswick Street Surgery:

- Monday 08:00 - 20.30
- Tuesday 08:00 - 18:00
- Wednesday 08:00 - 20.30
- Thursday 08:00 - 18:00
- Friday 08:00 - 18:00

# Detailed findings

Monday to Friday appointments are available between 8:30am and 5:50pm. During the extended hours on a Monday and Wednesday appointments are also available between 6.30pm and 7.50pm.

Branch Surgery at Harraby:

- Monday 08:30 - 18:00
- Tuesday 08:30 - 18:00
- Wednesday 08:30 - 18:00
- Thursday 08:30 - 18:00
- Friday 08:30 - 18:00

Appointments are available from 8:30 to 5:50 daily.

The service for patients requiring urgent medical attention out of hours is provided by the 111 service and Cumbria Health on Call (CHOC).

## Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 November 2015. During our visit we:

- Reviewed information available to us from other organisations, for example, NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Spoke with a range of staff including GP partners, the salaried GP and a GP Registrar, nurse practitioners, a practice nurse, a healthcare assistant, the practice manager and administrative staff. We also spoke with patients who used the service.
- Looked at documents and information about how the practice was managed.
- Reviewed patient survey information, including the NHS GP Patient Survey.
- Reviewed the practice's policies and procedures.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of significant events.
- The practice told us they were encouraging non-clinical staff to identify significant events relevant to their work, as there had historically been a lower number of this type. This was yet to have an effect on the type of significant events identified.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice had identified they had no process to check practice staff were appropriately registered with the relevant regulatory bodies when one of their nursing staff's registration with the Nursing and Midwifery Council (NMC) expired. They suspended the nurse from clinical duties until they were appropriately registered and implemented a process to check professional registrations on an ongoing basis.

When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports

where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. All of the GPs had completed child safeguarding training to level three.

- A notice in the waiting rooms advised patients a chaperone was available if they required one. All staff who acted as chaperones were trained for the role and had received a disclosure and barring service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Only clinical staff undertook this role.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The curtains in treatment rooms were changed every six months. However, those in consultation rooms were changed only every two years. This was less frequently than suggested in the National Patient Safety Agency's guidance, 'The national specifications for cleanliness in the NHS', which suggest a six monthly frequency for changing curtains.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGD's) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions (PSD's) to enable Health Care Assistants to administer vaccinations. (PGD's are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. PSD's are a written instruction, from a

## Are services safe?

qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.)

- We reviewed four personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There were two oxygen cylinders at each of the main and branch surgery. We noted one of the cylinders was out of date at the branch surgery. We brought this to the attention of the practice who took immediate action to replace the cylinder. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2014-15 were 97.6% of the total number of points available, this compared to a national average of 94.2%. The practice had 6.9% exception reporting. (The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.)

This practice was an outlier for one national indicator, the number of emergency admissions for 19 ambulatory care sensitive conditions per 1,000 population. (Ambulatory care conditions are conditions where effective community care and case management can help prevent the need for hospital admission.) The practice performance for this indicator was 27.0 compared to the national average of 14.4. We spoke with the practice about this who told us they were investigating the reason for this. They told us they used local benchmarking information and attended meetings to discuss good practice locally in referrals and following up emergency admissions.

Data from 2014-15 showed:-

- Performance for diabetes related indicators was better than the CCG and national average. The practice achieved 95.3% of the points available. This compared

to an average performance of 93.6% across the clinical commissioning group (CCG) and 89.2% national average. For example, 90.1% of patients on the diabetes register had a recording of an albumin : creatinine ratio test in the preceding 12 months. This compared to a national average of 85.9%. The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 84.4%. This was higher than the England average of 81.6%.

- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average. 82.7% of patients had a reading measured within the last nine months, compared to 83.1% nationally.
- Performance for mental health related indicators was worse than the CCG and national average. The practice had achieved 76.9% of the points available, compared to a CCG average of 95.4 and a national average of 92.8%. The practice had robust recall processes in place for regular health reviews for people with mental health conditions. The practice had good performance in this area for 2013/14 achieving 100% of the points available. They attributed this year's performance to a change in the role of the Community Psychiatric Nurses locally and were looking at how they could improve this performance going forward.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review within the preceding 12 months was below the national average at 73.1% (compared to a national average of 83.8%).

Clinical audits demonstrated quality improvement.

- There had been seven clinical audits completed in the last two years. The practice sent us two audits as examples. These were completed audit cycles where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

Information about patients' outcomes was used to make improvements such as:

- Undertaking an audit of hypnotic drug prescribing to support ongoing reduction in prescribing levels.



# Are services effective?

## (for example, treatment is effective)

Electronic prescribing analysis and costs (ePACT) data for 2014 showed hypnotic prescribing for the practice was comparable to other practices at 0.39 compared to the national average of 0.28.

- An audit to look at the percentage of patients taking medicine for anticoagulation (having the effect of retarding or inhibiting the coagulation of the blood) within the therapeutic range. The follow up audit found the practice continued to exceed the target with patients in the target therapeutic range 74.1% to 78.7% of the time.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. There was evidence of appraisals and personal development plans for some staff. The practice showed us evidence where staff had not received an appraisal within the last year; these were planned to take place shortly.
- The practice showed us an action plan which demonstrated they would support all staff with an annual appraisal.
- Staff received training which included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when they referred people to hospital services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a bi-monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.



# Are services effective?

(for example, treatment is effective)

- A dietician was available on the premises and smoking cessation advice was available from a local support group. The practice had achieved 98.4% of the points available in QOF for smoking indicators. This was higher than the CCG performance at 96.9% and the national average at 95.1%.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 81.0%, which was comparable to the national average of 81.9%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For

example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 82.6% to 96.8% and five year olds from 59.3% to 96.1%. This compared to the CCG average of between 83.3% and 96.0% for vaccinations given to under two year olds and 72.5% and 97.9% for those given to five year olds.

Flu vaccination rates for the over 65s were 78.2%, and at risk groups 58.4%. These were above the national averages of 73.2% and 52.3% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The one patient CQC comment card we received was positive about the service experienced. Patients we spoke with said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with three members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with doctors. For example:

- 82.9% said the GP was good at listening to them compared to the CCG average of 91% and national average of 88.6%.
- 85.8% said the GP gave them enough time compared to the CCG average of 90.2% and national average of 86.6%.
- 91.8% said they had confidence and trust in the last GP they saw compared to the CCG average of 96.1% and national average of 95.2%
- 80.1% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88.7% and national average of 85.1%.

Other indicators in the GP survey showed:-

- 97.9% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93.5% and national average of 90.4%.
- 85% said they found the receptionists at the practice helpful compared to the CCG average 89.9% and national average 86.8%.

### Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the National GP Patient Survey we reviewed showed the majority of patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. However, results were slightly below local and national averages. For example:

- 84.6% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89.1% and national average of 86.0%.
- 82.3% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85.3% and national average of 81.4%

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

### Patient and carer support to cope emotionally with care and treatment

Notices in the waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was a carer. The practice had identified 0.7% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. The practice was a part of the local GP federation to look at ways of improving services locally. (A GP federation is where a number of GP practices enter into some type of collaborative arrangement with each other). They were working with the federation to look at ways of addressing the local GP recruitment problem. The practice was involved in funding the local service, with a number of other GPs practices, to provide continuity of care and primary medical services into local care homes.

- The practice offered a 'Commuter's Clinic' on a Monday and Wednesday evening until 8.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions. The practice held a nurse practitioner led paediatric clinic each day.
- There were disabled facilities and translation services available.
- The practice was exploring the options to move the main surgery to more suitable premises. They had recognised that as the existing building was not custom built they were limited in what changes they could undertake to make it suitable for the whole practice population. The practice had consulted the patient participation group for their views on a new build. No firm plans were in place, but the practice told us they would continue to review suitable options as they arose.

### Access to the service

The practice was open at the main surgery between 8am to 6pm Monday to Friday. The practice was also open late night on a Monday and Wednesday until 8.30pm. Monday to Friday appointments were available between 8.30am and 5.50pm. During the extended hours on a Monday and Wednesday appointments were also available between 6.30pm and 7.50pm.

At the branch surgery the practice opened 8.30am to 6pm Monday to Friday. Appointments were from 8.30 to 5.50 daily. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was variable but mostly comparable to local and national averages. People told us they were generally able to obtain appointments when they needed them.

- 84.3% of patients were satisfied with the practice's opening hours compared to the CCG average of 77.8% and national average of 74.9%.
- 66% patients said they could get through easily to the surgery by phone (CCG average 80.3% and national average 73.3%).
- 76.1% patients described their experience of making an appointment as good (CCG average 78.5% and national average 73.3%).
- 75.4% patients said they usually waited 15 minutes or less after their appointment time (CCG average 64.6% and national average 64.8%).

The practice had identified they were performing lower than comparators on a number of indicators in the GP survey relating to access. They had changed the GP appointment structure to enable better continuity of care, including time for all GPs to undertake house calls. They had also increased the phone lines available to improve telephone access to the practice. These changes had been implemented early in 2015 and the practice was evaluating the results to determine if the necessary improvements had been realised.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

# Are services responsive to people's needs?

(for example, to feedback?)

The practice gave us a summary of the complaints they had received over the last year. We saw there were a number of complaints relating to the practice boundary. The practice told us they had decided over the last year to adhere more closely to practice boundaries when deciding to take a patient onto their list. This was decided as a way to cope with increasing demand and to manage the risks created by being unable to recruit to a GP vacant post. Several patients who had moved just outside the practice boundaries had been dissatisfied with this. The practice took steps to ensure they were fair in making decisions about the practice list. They had written to a number of patients who were currently registered with the practice

who lived outside the practice boundaries. They had informed them of other closer GP practices with open patient lists and asked them to consider registering with these. The practice reassured us that no patients currently registered with the practice but living outside the boundary area were removed from the list or forced to move GP practice.

We looked at two complaints received in the last 12 months and these were dealt with in a timely way and with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- The practice had a comprehensive understanding of their performance of the practice
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology

- They kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and most staff felt supported by management.

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. We also noted that team away days were held every six months.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.
- The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. There was a staff forum to give staff the opportunity to contribute their views to how the practice worked.

### Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. They proactively sought patients' feedback and engaged patients in the delivery of the service.

- They had gathered feedback from patients through their virtual patient participation group (PPG) through surveys and through complaints received. The practice had recently consulted the PPG members on what patient requirements were for practice premises with a view to seeking a more custom built environment.
- The practice had also gathered feedback from staff through staff away days and a staff forum. Also, generally, through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. However, they told us they did not always feel listened to and sometimes managers only discussed things with them once a decision had been made. We spoke with the practice management team about this. They provided us with evidence of how they sought the views of staff to improve how the practice was run.

### Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice

## Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

team was forward thinking and were part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was part of a GP federation to look at

ways of improving services locally. The practice was also part of a project to provide continuity of health care into local care homes. This project was under evaluation at the time of the inspection.